

Preaward Survey of Prospective Contractor Safety

Company Name: _____

RFQ or Solicitation Number: _____

1. Provide the information requested below for your company's Workmen's Compensation insurance carrier.

Rate Type: Interstate ____, Intrastate ____, Monopolistic State ____

Insurance Carrier: _____

2. Submit a letter from your insurance carrier listing your company's Workmen's Compensation Experience Modification Rate (EMR) for the most recent three years and the most recent three-year average.

3. Provide the information requested below for the years shown using U. S. Bureau of Labor Statistics Guidelines to determine recordability and lost workdays from your firm's OSHA 200 logs.

Total Recordable Injury / Illness Case Rate:

2001: _____ 2002: _____ 2003: _____ 3 year average: _____

Lost Workday Case Rate:

2001: _____ 2002: _____ 2003: _____ 3 year average: _____

CERTIFICATION: I hereby certify that the above information is true to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Name: _____

Note: If no historical information exists for a particular year, the average will be based on the number of years for which information is available.

Explanation of Preaward Statistical Standards

Experience Modification Rate	The "EMR" is a number that is assigned to your company based on the insurance premium you pay and your loss statistics. Contact your insurance company for these numbers.	Maximum Allowable Average: 1.00
Total Recordable Injury/Illness Case Rate (see Company OSHA 200 log, col. 1,2 & 6)	$\frac{\text{Total Recordable Incidents} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$	Maximum Allowable Average: 7.9
Lost Workday Case Rate (see Company OSHA 200 log, col. 2)	$\frac{\text{Total Lost Work Day Cases} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$	Maximum Allowable Average: 4.0